

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis
 Township Central
 City Overland, Mo.

Registration District No. 789Primary Registration District No. 6033(No. 1)Gordon Ave., Overland, Mo.File No. 37754Registered No. 229

Ward

2. FULL NAME

(a) Residence, No. Box 1195 Route 7, Overland, Mo. Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 29, 1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2458

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Stendering Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

13. NAME

Robert Maxey Doak

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Washington, Penn.

15. MAIDEN NAME

Winnie Maxey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Texas

17. INFORMANT

(ADDRESS)

Wm. Winnie D. Doak
Box 1195 Route 7, Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Friedberg

DATE

Nov. 10, 1933

19. UNDERTAKER

(ADDRESS)

Wm. Hermann
316 East Fair St.

20. FILED

11/81933Opella Bruce M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov. 7, 193322. I HEREBY CERTIFY, That I attended deceased from 9-26, 1933, to 11-6, 1933I last saw him alive on 11-6, 1933 Death is saidto have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis

Date of onset

11-2-33

Other contributory causes of importance:

Chronic Arthritis
Streptococcus Infection of throat

1931

11-2-3

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. Philip E. Grant, Ph.C., M.D.(Address) 2136 Alice Ave.

